



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

***Targeted Case Management System
Request for User ID***

LGA Name:	
User Name:	
User e-mail:	
User phone:	
Last 4 digits of SSN	
User Level:	<input type="checkbox"/> LGA User <input type="checkbox"/> LGA Administrator <input type="checkbox"/> DHS User <input type="checkbox"/> DHS Accounting
Begin Date:	
End Date:	
Authorized by:	
LGA or DHS Administrator use only:	ID Assigned: _____ By: _____ Date: _____

Oath of Confidentiality

As a condition of obtaining access to information concerning data and records used and maintained by the State Department of Health Services, I, _____, agree not to divulge, publish, or otherwise make public any information regarding person(s) receiving Medi-Cal services such that the persons who received such services are identifiable.

Access to such data shall be limited to Local Governmental Agencies and their subcontractors participating in the Targeted Case Management Program who require the information in the performance of their duties and to such others as may be authorized by the Department of Health Services.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code, Section 14100.2.

Signature of TCM System User

Date

Revised 12/8/03

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